

Summer Food Service Program Letter to Households (For Sponsors of Enrolled Sites and Camps)

Dear Parent or Guardian:

To provide attractive and nutritious meals for your children, we are participating in the Montana Office of Public Instruction-Summer Food Service Program. We do not charge families separately for meals because we are partially reimbursed by the federal government for some meal costs.

If your income is equal to or less than the amount listed below for your family size, your child is eligible for free meals. If your child is a member of a food stamp household, or TANF or FDPIR, your child is automatically eligible to receive free program meal benefits.

Effective Summer 2007

Household Size	Year	Month	Week
1.....	\$18,103	\$1,511	\$349
2.....	24,420	2,035	470
3.....	30,710	2,560	591
4.....	37,000	3,084	712
5.....	43,290	3,608	833
6.....	49,580	4,132	954
7.....	55,870	4,656	1,075
8.....	62,160	5,180	1,193
For each Additional Family Member	+6,290	+525	+121

To apply for free meal benefits, you must complete the attached form. Your application for free meal benefits can not be approved unless the attached application is completed according to the directions provided below:

Part A and Part B: Children Enrolled Information - List all of the children in the household for whom application is made. Indicate the grade in school of the child. If your child receives food stamps, TANF or FDPIR household benefits, please indicate the appropriate case number in the space provided and complete Part E. You do not have to complete Parts C or D. If you do not list a food stamp, TANF or FDPIR case number for your children, you must complete Part D. If you received a Notification of Eligibility for School Meals letter from the Montana Department of Public Health and Human Services, return that letter instead of filling out an application.

Part C: Foster Child - If you are applying for a foster child, the application must have the child's name, the child's "personal use" income, your signature and the date in Part E.

Part D: Household and Monthly Income Information - List all members of the household whether they get income or not. A household is a group of related or unrelated individuals who are living as one economic unit (i.e., sharing living expenses). Report last month's income for each household member before taxes or anything else is taken out by source.

Part E: Signature and Social Security Information - The adult household member completing the application must sign and date the application. If the child(ren) is not a food stamp, TANF, or FDPIR recipient, the adult signing the application must provide a social security number. If you do not have a social security number, write "none" in the space provided

Part F: Racial Ethnic Information - Completion is voluntary.

REPORTING CHANGES: If your child is approved based on Food Stamp, TANF, or FDPIR information, you must notify us if you no longer receive these benefits.

AVAILABILITY OF BENEFITS: You may apply for benefits at any time during the program year. If you are not eligible now, but have a decrease in household income, an increase in household size, become unemployed, or begin receiving Food Stamps, TANF or FDPIR benefits for your child, complete an application then.

CONFIDENTIALITY: The information you provide on the application will be treated confidentially and will be used only for eligibility determinations.

NONDISCRIMINATION: The USDA is an equal opportunity provider and employer.

If you have any questions or need assistance in completing the application form, please contact us.

Sincerely,

HOW TO COMPLETE THE INCOME ELIGIBILITY FORM

Please complete the Meal Benefit Form using the instructions below. Sign the form and return it to _____. If you need help, call: # _____

1. CHILD INFORMATION: Print your child's name.

- (a) If you are applying for school meals, include your child's grade and the name of the school.
- (b) If you are applying for meals for child care, include the name of the child care center or the name of the family daycare home provider and the name of the sponsor, if known.
- (c) If you are applying for meals under the Summer Food Service Program (SFSP), please check the box.

2. FOSTER CHILDREN: Complete this Part and sign the form in #5.

- (a) Write the foster child's monthly "personal use" income. Write "O" if the foster child does not get "personal use" income.
- (b) A foster parent or other official representing the child must sign the form in #5. You do not have to list a social security number.
- (c) Complete a separate form for each foster child.

3. OTHER BENEFITS: Complete this Part and sign the form in #5.

- (a) If you are applying for the Summer Food Service Program or school meals, list your current food stamp, FDPIR or TANF case number(s) for your child(ren).
- (b) If you are a family day care home provider applying for child care for tier I benefits, list your current food stamp, FDPIR or TANF case number(s) for you or your child(ren).
- (c) If your child is enrolled in a tier II family day care home, list any other eligible program and case number, if applicable. (See attached List of Other Categorically Eligible Programs.)
- (d) Sign the form in #5. An adult household member must sign. You do not have to list a social security number.

4. ALL OTHER HOUSEHOLDS: Complete this Part and sign the form in #5.

- (a) Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for and all other household members.
- (b) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, welfare, pensions, and other income (see the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.
- (c) If anyone is self employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the number at the top of the form if you need help.
- (d) If you are a family day care home provider applying for tier I benefits, please provide income documentation supporting your status.
- (e) Sign the form and include your social security number in #5. *If you do not have a social security number, write "none".*

5. SIGNATURE AND SOCIAL SECURITY NUMBER:

- (a) The form must have the **signature** of an adult household member.
- (b) The adult household member who signs the statement must include his/her **social security number**. *If he/she does not have a social security number, write "none".* A social security number is not needed if you listed a food stamp, FDPIR or TANF case number or if you are applying for a foster child.
- (c) If you are applying for tier I benefits as a family day care home provider, please indicate that in this section.

6. RACIAL/ETHNIC IDENTITY: You are **not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work

Pensions
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned
business, day care business or farm
living

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments

Pensions/Retirement/Social Security

Disability benefits
Supplemental Security Income
Retirement income
Veteran's payments
Social security

Other Monthly Income/Self-employment Wages/salaries/tips

Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/
investments

Regular contributions from persons not
in the household

Net royalties/annuities/net rental income
Military allowance for off-base housing
Any other income

